

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0160
Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7743</u>	2. Fiscal Year Covered From: <u>1</u> / <u>2</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Wayne</u> <u>Miller</u> P.O. Box, Bldg., Room No., if any Street <u>14002 McNulty Road</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19154-3023</u>	4. Name, file number, and address of labor organization. Name <u>Sprinklerfitter Local 692</u> Labor Organization File Number <u>022-675</u> P.O. Box, Building and Room Number, if any Street <u>14002 McNulty Road</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19154</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of interest, Transaction, or income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Wayne Miller</u>	On <u>8-12-05</u> Date	<u>215-671-1692</u> Telephone Number

Name of Person Filing Wayne Miller

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name O'Donoghue & O'Donoghue

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4748 Wisconsin Ave. N.W.

City Washington

State District of Columbia

ZIP Code + 4 20016

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provided legal services

11.b. Approximate dollar value of such dealing.

\$18,817.29

12.a. Nature of interest held or income received.

Dinner meeting on May 17, 2004

12.b. Amount.

\$155

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing **Wayne Miller**

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name **NAST Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **8005 Corporate Drive**City **Landover**State **Maryland**

ZIP Code + 4

20785

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

See attached.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses related to attendance at trustees meeting.

12.b. Amount.

\$1,027

Name of Person Filing **Wayne Miller**

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name **NASI Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **8000 Corporate Drive**City **Landover**State **Maryland** ZIP Code + 4 **20785**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

See attached.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses related to attendance at educational conference/seminar.

12.b. Amount.

\$2,993

Name of Person Filing Wayne Miller

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Spinkler Industry Supplemental Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 14002 McNulty Road

City Philadelphia

State Pennsylvania ZIP Code + 4 19154

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

See attached.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses related to attendance at trustees meeting.

12.b. Amount.

\$450

Name of Person Filing **Wayne Miller**

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name **Sprinkler Industry Supplemental Pension Fund**Trade Name, if any: P.O. Box, Bldg., Room No., if any Street **14002 McNulty Road**City **Philadelphia**State **Pennsylvania** ZIP Code + 4 **19154**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

See attached.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses related to attendance at educational conference/seminar.

12.b. Amount.

\$803

Name of Person Filing **Wayne Miller**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>The Segal Company</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: <u>Suite 400</u> Street <u>1920 N. Street Northwest</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20036-1659</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer						
10. If a.b. or b.c. is checked give trust or employer's name. Name <u>NASI Welfare and Pension Funds</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>8000 Corporate Drive</u> City <u>Landover</u> State <u>Maryland</u> ZIP Code + 4 <u>20785</u>	11.a. Nature of such dealing. <u>Provide actuarial services to the Fund.</u> 11.b. Approximate dollar value of such dealing. <u>\$161,732</u> 12.a. Nature of interest held or income received. <table border="1"><tr><td>07/08/04</td><td>GOLF</td><td>\$111</td></tr><tr><td>08/11/04</td><td>Dinner</td><td>\$124</td></tr></table> 12.b. Amount. <u>\$235</u>	07/08/04	GOLF	\$111	08/11/04	Dinner	\$124
07/08/04	GOLF	\$111					
08/11/04	Dinner	\$124					

LM-30 Attachment

Name: Wayne Miller

LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

LM-30 Items Number

- 8, Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s)
9, including reimbursement of valid expenses by a trust in which the labor organization is
11a interested as though the trust was a business. This guidance provides a trust's dealings with
and, a labor organization include the trust's receiving contributions from employers obligated to
11b fund the trust per collective bargaining agreements negotiated by the labor organization.
While the guidance is unclear, other transactions may also be deemed to constitute dealings
with the labor organization, trusts, or employers reportable in 11b. Accordingly, the plan is
listed here as though it is a business that has dealings with the labor organization, but no
amount is reported in 11b and the total amount of all such dealings is not ascertainable. Also
note, the DOL software for preparing Form LM-30 does not permit, in part B item 9,
selecting more than one answer.